



NASW

National Association of Social Workers / Connecticut Chapter

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Testimony on Utilization of Social Workers by Police Departments

Police Transparency & Accountability Task Force October 1, 2020

On behalf of the National Association of Social Workers, CT Chapter representing over 2,300 members, we offer the following testimony on the utilization of social workers by police departments. This testimony is in keeping with An Act Concerning Police Accountability, Section 18 that mandates police departments to study the utilization of social workers in calls for assistance, with such evaluation to be completed within six months of enactment of the Act. The National Association of Social Workers, CT Chapter (NASW/CT) supports Section 18 as an opportunity to rethink the best manner to respond to certain 911 calls. We offer the following examples and recommendations toward better means of addressing community needs in a manner that encourages safe resolution of issues that need not require an officer's response.

To start with, let us give you a quick example of where dispatching of a social worker would have best dealt with a police call. The Newington Police Department had a call regarding a woman who was acting confused. The woman had driven from her home in Northwest CT and was clearly unsure of where she was. An officer was called to the scene and spent the next 90 minutes tracking down family members. This is a perfect example of where a social work response would have been most appropriate, freeing up the officer for other law enforcement duties.

There are two main models of utilization of social workers or other clinicians for 911 calls. One model is direct employment of social workers within a police department. This includes police officers and social workers teamed together to respond to calls, the social worker being brought in after a call to work with and follow up on cases and the social worker independently responding to calls. The other model is to contract with a community-based organization that employs social workers and other clinicians, with certain 911 calls sent to the contracted service for response. Both models have been successfully operationalized throughout the nation and are growing in number. Amongst these models, social workers are the professionals most often utilized to respond to calls related to mental health, homelessness, substance use, and other matters not requiring a law enforcement officer.

Here are examples from communities that have instituted or in the process of creating alternative 911 call responses:

- In Denton, Texas 4 licensed clinical social workers are employed for direct service, overseen by a social work supervisor. This has created a unified special mental health unit within the police department.
- Dallas, Texas has instituted the Right Care program where police officers respond to assure the scene is secure and clinicians immediately follow. The Right Care clinical team handles 200-250 calls per month. In those city districts where Right Care is operating there has been a 10% reduction in citations for disorderly conduct, intoxication and trespassing.
- Alexandria, Kentucky hired a social worker to handle mental health calls and are planning to hire a second social worker. They have found a cost savings in doing so, vs hiring an officer.
- The City of Greensboro, NC, contracts with a private practice group of 8 clinicians who respond 24/7 to behavioral health related calls. They intervene on the scene, refer the person(s) in need to community resources and follow up in 24 hours and 7 days later.
- In Eugene, Oregon a long-standing program, CAHOOTS has been in existence that in 2017 responded to 17% of all 911 calls, with 24,000 calls handled and only 150 needing police back-up.
- Olympia, Washington has a Crisis Response Unit staffed by two social workers.
- In Denver, Colorado the Support Team Assisted Response (STAR) is run through the police department but has no police responding, rather a single van that deploys a paramedic and a social worker on calls for substance abuse and mental health problems.
- Albuquerque, New Mexico has formed a separate department on community safety staffed by mental health and health care professionals.
- The University of Southern California, Suzanne Dworak-Peck School of Social Work places social work interns with the Los Angeles Police Department.
- The Mayor of Buffalo, NY recently announced the hiring of social workers to pair up with police officers for mental health related police calls, following a police officer shooting a homeless person who had mental illness.
- In Willimantic, CT 2 social work interns are now placed with the local police department. The students are supervised by a social work professor at Eastern CT State University.
- New Haven, CT is launching a pilot program that will have clinicians respond to mental health and substance use calls through a contracted community agency. They expect to have the program up and running in Spring 2021.

Similar programs are in existence or being launched in communities across the country.

Social workers have extensive training in working with diverse populations, are problem solvers, experts in de-escalation, and through a “person-in-environment” approach assist individuals and families to resolve societal problems. Social workers are aware of community resources and know how to access them. Social workers are advocates for

clients in a way that creates trust and supportive relationships. These are the types of skills that make for successful engagement within the community. Just as police officers are experts in addressing issues of law enforcement, social workers are experts in resolving social problems that bring individuals into encounters with the police. Formal and informal connections between police and social workers is a recipe for improved outcomes for certain 911 calls.

NASW/CT recommends that police departments engage local officials and the larger community in discussion of utilization of social workers. Police departments, with the support of their municipality, can respond to police accountability in a proactive manner that includes utilization of social workers, either within the department or as a separate coordinated system of response. This will demonstrate the commitment for improved outcomes that we know police departments seek and will indicate a willingness to change with the times to best address community needs in a way that encourages safe resolution of issues that need not be police matters. It may also assist police departments that are having difficulty recruiting officers by reducing the need for police officers to be available for all 911 calls.

We urge the Police Transparency and Accountability Task Force to include in its recommendations the adoption by police departments of social workers as either internal employees or contracted service providers to handle 911 calls that are deemed appropriate for a social work response. Such a recommendation by the Task Force will further encourage municipalities to develop improved responses to police calls related to mental health and human service needs.

NASW/CT is available to further engage with the Task Force on the recommendations put forth in this testimony. We welcomes all opportunities to dialogue on how best to utilize social workers with police. Please contact Stephen Wanczyk-Karp, LMSW at skarp.naswct@socialworkers.org or 860-212-4054 for further information and discussion.